

STATE OF RHODE ISLAND
PLUMBING PERMIT APPLICATION

MUNICIPALITY WARREN ISSUED _____ NUMERICAL CODE _____ PERMIT NO. _____
APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

1. STREET LOCATION _____ New or Old Bldg. _____
2. No. of Stories _____
3. PLAT/ MAP _____ 4. LOT/ BLOCK _____ 5. FILE/ PARCEL _____ 6. PRIVATE SEWAGE: ISDS NO. _____ DATE _____
7. USE OF STRUCTURE: PREVIOUS _____ PROPOSED _____
8. OWNER _____ ADDRESS _____ TEL NO. _____
9. MASTER PLUMBER _____ ADDRESS _____ TEL NO. _____
10. ARCH. OR ENG. _____ ADDRESS _____ TEL NO. _____
11. STAMPED PRINT (Circle one) YES NO 12. RHODE ISLAND REG. NO. _____ 13. MASTER PLUMBER LIC. NO. _____
14. DESCRIPTION OF WORK TO BE PERFORMED _____
15. ESTIMATED COST: \$ _____

MUNICIPAL PLUMBING PERMIT FEE: _____ = \$ _____
CE/ADA FEE: _____ x .001 = \$ _____
ESTIMATED COST x .001 = \$ _____
(1 & 2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$ 50.00) TOTAL PERMIT FEE = \$ _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinances of the State and this jurisdiction.

MASTER PLUMBER'S SIGNATURE

| | WATER CLOSET | SINKS | LAV. SINKS | BATH TUB | SHOWER STALL | HOT WATER HEATER | TEMP. PRESS. VALVE | VAC. BREAKER | WASH TUB | SLOP SINK | URINAL | FLOOR DRAIN | DISH WASHER | DRINKING FOUNT. | AUTO. WASHER | STACKS | HOSE BIBBS | ANTI-SIPHON DEVICES | INDIRECT WASTES | BACKFLOW PREVENTERS | PRESSURE BOILER | YARD OR AREA DRAINS | CONNECT TO SEWER | OTHER |
|--------------|--------------|-------|------------|----------|--------------|------------------|--------------------|--------------|----------|-----------|--------|-------------|-------------|-----------------|--------------|--------|------------|---------------------|-----------------|---------------------|-----------------|---------------------|------------------|-------|
| BASEMENT | | | | | | | | | | | | | | | | | | | | | | | | |
| 1ST STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 2ND STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 3RD STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 4TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 5TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 6TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 7TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 8TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 9TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| 10TH STORY | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAP TYPE | | | | | | | | | | | | | | | | | | | | | | | | |
| PIPE MAT'L | | | | | | | | | | | | | | | | | | | | | | | | |
| VENT TO ROOF | | | | | | | | | | | | | | | | | | | | | | | | |

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections:

Rough _____
FINAL _____
Disapproved* _____

PERMIT GRANTED:

DATE _____
BY _____

PLUMBING INSPECTOR

*For the following reasons _____

CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE _____
PLUMBING INSPECTOR _____